

NEW HAMPSHIRE DEPARTMENT
OF ENVIRONMENTAL SERVICES



APPLICATION FOR THE CONSTRUCTION OF
CORROSION PROTECTION SYSTEMS
ON UNDERGROUND STORAGE TANK SYSTEMS

State Use Only

Date Rec'd: _____

Date Issued: _____

Permit No.: _____

Review: _____

Check No.: _____

Mun. Notify: _____

Rivers Notify: _____

PLAN REVIEW AND INSPECTION FEE \$100.00, PAYABLE TO TREASURER STATE OF NEW HAMPSHIRE (7377)

Jan 25, 2000

CERTIFICATION OF MUNICIPAL NOTIFICATION

To meet the requirements of RSA 541-A:22 the undersigned certifies that on _____, 20_____

a copy of this completed application was mailed to the town/city clerk of _____ (facility location)

DATE: _____ SIGNATURE: _____

(APPLICANT)

1. RSA 146-C:7,1, no construction or installation shall commence without prior **Construction Approval** by the Department of Environmental Services (DES) for new or substantially modified existing facilities.

2. Env-Wm 1401.28(p), the DES shall be notified of the completion of the installation to arrange for a final inspection.

3. Env-Wm 1401.04(d), a new or amended registration form shall be filed with the DES at the time final inspection of the new or substantially modified system.

4 Env-Wm 1401.04(e), no person shall operate an underground storage facility which is not registered with the DES

5. Env-Wm 1401.07(a), no person shall operate an underground storage facility without a permit issued by the DES

FACILITY INFORMATION

LOCATION _____

LOCATION ADDRESS _____

CITY/TOWN _____

ZIP CODE _____

TAX MAP# _____ LOT# _____

CONTACT PERSON _____

FACILITY REGISTRATION NUMBER **0-**

TANK OWNER INFORMATION

OWNER _____

OWNER ADDRESS _____

CITY/TOWN _____

ZIP CODE _____

PHONE NUMBER _____

FACILITY PHONE NUMBER _____

RETURN COMPLETED APPLICATION TO:

NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES
OIL REMEDIATION AND COMPLIANCE BUREAU
29 HAZEN DRIVE, P.O. BOX 95
CONCORD N.H. 03302-0095
(603) 271-3644

To facilitate the review process and reduce review time, provide as much of the information as possible. Incomplete or missing information may be cause for rejection of the submittal and/or extended review time. Any page may be copied and submitted as additional information.

I. TANK AND PIPING INFORMATION

CORROSION PROTECTION SYSTEMS SHALL COMPLY WITH Env-Wm 1401.32 & .33 "CORROSION PROTECTION FOR STEEL SYSTEMS"

A. TANK SYSTEM (S) UPGRADE

	System No.	System No.	System No.	System No.
VOLUME (gallons)				
PRODUCT STORED				
DOUBLE WALL (Y/N)				
INSTALLATION DATE				
CURRENT AGE				

B. PIPING INFORMATION

	System No.	System No.	System No.	System No.
PRIMARY PIPING MATERIAL				
PIPING INSTALLATION DATE				
PRESSURE/SUCTION				
SECONDARY CONTAINMENT (Yes or No)				
SECONDARY PIPING MATERIAL				

C. WHAT IS THE MANUFACTURERS NAME AND MODEL NUMBER OF THE **LINE LEAK DETECTOR** (LLD)? (Pressurized systems only)

D. INDICATE IF THIS IS AN UPGRADE OF AN EXISTING UNPROTECTED STEEL TANK OR A STIP3 TANK SYSTEM WHICH HAS FAILED?

E. TYPE OF PROPOSED CATHODIC PROTECTION SYSTEM(CHECK ONE)

Impressed Current Rectifiers

Sacrificial Anodes

Other _____

F. WHAT OTHER STRUCTURES ARE TO BE CATHODICALLY PROTECTED ? (PRODUCT PIPING, VENTS..)

II. RELEASE DETECTION

A tank system may be upgraded with cathodic protection if the cathodic protection system meets the requirements for Release Detection and the INTEGRITY of the tank is insured. **Circle A., or B. below.**

A. THE TANK WAS INSPECTED INVASIVELY AND ASSESSED TO ENSURE THAT IT IS STRUCTURALLY SOUND AND FREE OF CORROSION HOLES PRIOR TO SUBMITTING THIS APPLICATION.

PLEASE PROVIDE:

1. An assessment of tank integrity and the suitability of adding cathodic protection.
2. The name and **NACE** certification number of the person certifying the inspection.

OR....

B. THE TANK IS DOUBLE WALL STEEL AND IS MONITORED CONTINUALLY FOR RELEASES IN ACCORDANCE WITH WITH SECONDARY CONTAINMENT REQUIREMENTS (Env-Wm 1401.26) PRIOR TO SUBMITTING THE APPLICATION.

PLEASE PROVIDE:

1. The manufacturer's name, description and model number of the interstitial monitoring equipment.
2. Records of the last two (2) months of product inventory control conducted according to Env- Wm 1401.11 (Heating oil tanks are exempt).

III. DESIGNER INFORMATION

Corrosion Expert Name_____

Company Name_____

Address/ City_____

NACE Level_____

Nace Certification Number_____

Telephone Number_____

Corrosion Expert Seal

IV. INSTALLER INFORMATION

Anticipated Date of Installation of Corrosion Protection_____

Contractor / Installer _____

Address_____

City / Town / Zip_____

Phone Number_____

The following is to be provided after installation of the cathodic protection system.

FACILITY PLAN and CERTIFICATION OF OPERATION

THE FACILITY PLAN SHALL COMPLY WITH Env- Ws 1401.20, and .34. "REQUIREMENTS FOR APPROVAL OF UNDERGROUND STORAGE TANK SYSTEMS".

WITHIN 7 DAYS OF THE COMPLETION OF THE EQUIPEMENT INSTALLATION AND PRIOR TO FINAL INSPECTION BY NHDES, AN AS - BUILT FACILITY PLAN AND CORROSION PROTECTION CERTIFICATION OF OPERATION SHALL BE SUBMITTED BY THE CORROSION PROTECTION EXPERT.

PLEASE PROVIDE:

- (a) A plan (22"x 34") showing tank(s) location, all piping, pump islands, structures, appurtenances, north arrow, fixed reference cells, anodes, impressed current rectifiers, test station(s), isolation fittings, junction box(s), and system bonding wires.
- (b) A plan (22" x 34") showing, typical anode assembly, cable splicing, thermite welds, ground clamp connections, isolation fittings and backfill material.
- (c) The plan must be signed and dated by a corrosion expert along with the expert's certification number.
- (d) Site location (locus) map or USGS 7.5 minute series.
- (e) A statement by the corrosion expert who has certified the plans that the install cathodic protection system was installed correctly and is protecting the tank system from corrosion.
- (f) All final test results showing that the cathodic protection system is functioning properly.

STAGE I/II GASOLINE VAPOR RECOVERY STATION NOTIFICATION FORM

(One per station)

FACILITY

OWNER OF GASOLINE STORAGE TANKS

Name _____ Contact Name _____
Physical Address _____ Company Name _____
City _____ Address _____
Gasoline Brand _____ City, State, Zip _____
Phone _____ Phone _____
Contact at Facility _____ Fax _____

ANNUAL GASOLINE GALLONS THROUGHPUT - All grades (gasoline only)

(Commercial information submitted only to determine compliance with N.H. Env-A 1205.)

2002	2007
2003	2008
2004	2009
2005	2015
2006	2016

Reason(s) For Submittal ☐ Recertification ☐ Owner Change ☐ Modification ☐ New Facility
of Notification Form

STAGE I CONTROLS

STAGE II CONTROLS

Coaxial _____ Two Point _____
Dry Break on Manifold _____
Tee on Vent _____
Installer _____
Date of Installation _____

Type of Equipment _____
Installer _____
Date of Installation _____

Total # of dispensers _____ Total # of nozzles _____
Number of gasoline tanks _____ Grades of gas in tanks _____

I certify that the above information is true and correct. _____

(Signature of Owner)

Please return to:

N.H. Waste Management Division
Oil Remediation & Compliance
P.O. Box 95
29 Hazen Drive
Concord, NH 03302-2033

